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Kind.	Counties.		
	August.	September.	October.
Anopheles.....	19	14	21
Culex.....	9	6	10
Stegomyia.....	1	1	0
Anopheles and Culex.....	35	17	24
Anopheles and Stegomyia.....	0	1	1
Culex and Stegomyia.....	0	0	0
Anopheles, Culex, and Stegomyia.....	7	1	2
Unknown.....	46	32	40
None.....	7	10	16
Not stated.....	2	5	2
No report.....	22	41	32
	148	148	148

#### SWAMPS AND POORLY DRAINED LANDS.

Swamps and poorly drained lands were reported to exist in every county in the State except in the counties of Cherokee, Fannin, Hart, Jasper, Towns, Turner, and Upson, from which counties all reports received were negative.

#### PROPHYLACTIC MEASURES.

Oiling, screening, drainage, quinine, mosquito nets, destruction of breeding places, general sanitation or education were prophylactic measures reported as being in use in some form and to some degree in every county in the State, except in the following:

Baker.	Fayette.	Meriwether.
Burke.	Franklin.	Milton.
Butts.	Gilmer.	Paulding.
Campbell.	Glascocock.	Pickens.
Catoosa.	Gordon.	Rabun.
Dawson.	Greene.	Rockdale.
DeKalb.	Hancock.	Schley.
Dodge.	Haralson.	Stephens.
Douglas.	Jasper.	Towns.
Effingham.	Jeff Davis.	Ware.
Elbert.	Lincoln.	Wheeler.
Emanuel.	Madison.	Worth.
Fannin.	Marion.	

#### AMEBIC DYSENTERY.

##### REPORT OF A CASE APPARENTLY CURED WITH NEOSALVARSAN.

By GEORGE W. WHEELER, Acting Assistant Surgeon, United States Public Health Service.

The patient was a German 23 years old. His occupation was that of a seaman, and at the time of his application for relief he was a member of the crew of a revenue cutter with headquarters at the port of Wilmington, N. C. His family history showed nothing of

importance. He had had the usual diseases of childhood, from each of which he made an uneventful recovery; otherwise the personal history was negative. Venereal disease in any form was denied.

The present illness began about 7 months ago with attacks of acute diarrhea coming on at varying intervals of from 1 to 2 weeks and lasting about 10 days, with an average of 10 to 15 stools per day. The stools were composed mainly of blood and mucus. There were sharp pains in the lower portion of the abdomen, which became especially marked during the act of defecation. The acute attacks would gradually subside to a certain extent, and during the interval there would be from 2 to 5 soft stools per day with an occasional indefinitely localized pain in the abdominal region.

Patient stated that he had received no treatment excepting occasional doses of lead and opium pills and diarrhea mixtures, which yielded only temporary relief. The trouble gradually grew worse, the acute attacks becoming more frequent and of greater duration, until he was compelled to discontinue his work on account of weakness and discomfort.

Patient was first seen at the out-patient office January 19, 1914, at which time he stated that he was having a stool once in every hour. The physical examination was practically negative. The microscopic examination of a fresh stool showed about 20 grams of what appeared to be about equal parts of bloody fluid, mucus, and fecal material. The microscopic examination showed the presence of numerous amebæ, from 2 to 5 to the high-power field, with the characteristic ameboid movement very marked.

Patient was admitted to the hospital, put to bed, and a soft diet ordered. During the first 24 hours in the hospital he had 14 stools, composed mainly of blood and mucus. At the end of the 24 hours' observation period, 0.9 gram neosalvarsan was given intravenously. No ill effects followed.

During the 24 hours following the administration of neosalvarsan, the patient had 7 soft stools which showed less blood and mucus, but the amebæ were fairly abundant. The subjective symptoms were not so severe, but this change could be explained by the rest in bed and change of diet. During the next 24 hours there were 3 semi-solid stools which showed only traces of blood and mucus and few amebæ. At the end of this period a second dose of neosalvarsan was administered in the same manner as the first, with no ill effects. During the following 24 hours there was one well-formed stool which showed no blood, mucus, or amebæ.

Patient expressed himself as feeling as well as he ever did. He was accordingly allowed to leave his bed and was placed on ordinary diet. The day following he was given light duties about the ward. For

the next three days he had 1 normal stool per day, and showed a decided improvement in his general condition.

On the seventh day after admission he was discharged recovered. He was seen eight days later and reported that, though he had performed hard labor and lived on a rough diet since leaving the hospital, he had not felt the slightest touch of the old trouble. A few days later he deserted, was later captured, and is at present confined in the local jail. He states that he is enjoying perfect health. The information of the prison authorities is to the effect that he is apparently healthy and has made no complaint since his confinement.

While this single case in no way establishes the value of neosalvarsan as a destroyer of this species of protozoan organism, the result obtained certainly invites further trial. I am therefore anxious to report this case, in the hope that others may take advantage of any opportunities to give it a trial, since cases of amebic dysentery in this country are so few that it would take a relatively long time for one observer to acquire sufficient data on which to base a definite conclusion as to its merits.

There is a great need for a more convenient method of treating this disease. The most reliable method we have at present can be carried out only in a hospital with any degree of satisfaction, and then the results are doubtful, unless especial care and persistence are exercised. That this arsenical compound has a very destructive action on another species of the same general class of organisms has been amply demonstrated. There is a reasonable anatomic and pathologic basis for such action in amebic dysentery. The intestinal lesions pass through stages of infiltration, sloughing, and finally undermined granulating ulcers, with the organisms buried deeply in the adjacent tissue. While these deeply placed amebæ are undoubtedly the ones that keep up the trouble, they are also the hardest to affect by the ordinary methods of treatment. They have often been demonstrated in the smaller capillaries in the region of the ulcers, and the fact that the complicating liver abscess is so frequently encountered indicates that there must be some intimate relationship between the organisms and the blood vessels or lymphatics. The question naturally arises whether it would be profitable to use neosalvarsan in the treatment of amebic abscesses.